

**ATLANTA TRACK CLUB MASTERS TRACK AND FIELD TEAM
REIMBURSEMENT REQUEST**

MEET: _____

DATE/DATES: _____

RESULTS:

<u>Event</u>	<u>Place</u>	<u>Time/Distance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expenses:

Hotel: _____

Fuel: _____

Airfare: _____

Amount of reimbursement (to be filled in by coordinator): _____

RETURN TO TEAM COORDINATORS, INCLUDING RECEIPTS

Name: _____

Team Coordinators:

Address: _____

Joyce Hodges-Hite

Jim Hite

PO Box 717

Millen, GA 30442

478-982-4881

Signature: _____

Date: _____